Complaint and Incident Reporting

Care Management Agencies must have policies and procedures in place to manage complaints and incidents, assist a client in filing a complaint and maintain supporting documentation including steps taken towards a resolution and member satisfaction.

Complaints and Incidents must be monitored and assessed for trends to prevent reoccurrences.

During Outreach and Engagement, potential clients should be given information regarding how to contact HHUNY as well as the Medicaid Help Line.

At the time of consent, the Care Manager should provide information to the client about:

- Their Rights and Responsibilities (to be signed by both the client and CM and updated annually)
- Contact information for HHUNY
- Who to contact regarding filing a complaint
- How to report an incident
- How to request a State Fair Hearing
- Free language assistance services
- A list of all the contracted MCO including contact information

*See Member Information Sheet for example*

**Complaints**

In order to maintain the health and welfare of all clients, Care Management Agencies will identify and investigate all complaints received from any clients and work to prevent reoccurrences of similar events.

**Reporting and Notification Requirements**

When a complaint is received, HHUNY, the Care Management Agency and the MCO should all be made aware of the complaint and work together towards a resolution. When a complaint may impact a member’s health, it must be resolved within 48 hours to seven days from receipt. All other complaints must be resolved within 45-60 days of receipt. The client must be notified of the outcome within seven days of the resolution.

If a resolution cannot be found, then the client may choose to file a formal complaint with the Department of Health.
Incidents

An incident is an urgent or dangerous issue, event or action that is:

- An actual or perceived threat
- Taken by or against the client
- Impactful to the clients health and welfare

Examples include: abuse, neglect, death, violation of civil rights, bullying, assault, PHI breach, etc.

Immediate steps should be taken to secure the client’s safety and security upon receiving notification that an incident has occurred.

Licensed Programs
Licensed Programs, as defined by DOH, include any state licensed program, for example OMH, OASIS and AI.

If an incident is reported against a licensed program, HHUNY will discuss the details of the incident with the licensed program. It then becomes the licensed program’s responsibility to investigate the incident following their own reporting protocols and guidelines.

Non-Licensed Programs
HHUNY will oversee incident investigations for non-licensed programs including timely notification and follow up with the Care Management Agency, other entities and DOH. The Care Management Agency and HHUNY must review the details of the allegation together and determine the focus of the investigation.

Timeframes
HHUNY, the Care Management Agency, the client’s MCO and DOH must all be notified within 24 hours after receiving the initial notification of the incident. Incidents should also be reported to any appropriate reporting agency including Adult Protective Services, Child Protective Services, Legal Aid, Law Enforcement, etc.

Within seven business days of the initial notification of an incident, HHUNY will obtain all documentation and information for the investigation from the Care Management Agency. Upon receipt, HHUNY will submit the information, along with any findings to DOH within three days.

The DOH will determine if the allegation is substantiated, whether the findings of the investigation are appropriate or if any additional documentation is required.
Reporting and Notification Requirements

All information shared must be done so in a secure manner including the use of HCS for communication with DOH.

Written notification of the resolution will be provided to the client by HHUNY with input from the Care Management Agency and final approval by DOH. Notification should not include specific examples such as the termination of an employee.

If a client is dissatisfied with the outcome, HHUNY will notify DOH for any further follow up within 24 hours.

Tracking Guidance

The process for tracking an incident or complaint must include, but is not limited to:

- Date and time of alleged occurrence
- Date and time received by HHUNY and Care Management Agency
- Copy of the complaint or incident if written
- Member of other person reporting
- Allegation types
- Others involved in the allegation
- Notification to outside sources and other entities
- Date, time and contact of referral to outside sources/entities
- Timelines met for completing investigation
- Resolution and findings of the investigation
- Outcome of any additional investigations
- Notification to the client or complainant of outcome
Health Homes of Upstate New York

Policy/Procedure: Complaint Reporting Policy

Reviewed and Accepted by: HHUNY Health Home Advisory Committee

Approved by: NYCCP Board of Directors

Date of Issue: September 2, 2014

Date Revised/Reviewed: September 9, 2015

Policy:

To maintain the health and welfare of all members during the provision of Health Home Care Management Services by HHUNY Network Care Management Agencies by identifying and investigating all complaints received from Health Home members or member’s designee, and working to prevent reoccurrence of similar events. HHUNY’s complaint reporting procedure is intended to ensure that all issues are handled fairly, consistently and wherever possible resolved to the complainant’s satisfaction.

Background:

The New York State Department of Health issued the Health Home Monitoring: Policies and Procedures on September 22, 2014. The Health Home monitoring review policy and process has been designed to review the performance of each Health Home in its progress towards meeting the stated triple aim of the ACA: to improve the health of Medicaid members, to improve the delivery of health care service to Medicaid members, lower Medicaid costs, reduce preventable hospitalizations and emergency room visits and avoid unnecessary care. The Health Home Monitoring process will ensure all Health Homes across the State are in compliance with Health Home standards.

Definitions:

Complaint: Any dissatisfaction expressed verbally or in writing by the member or member’s designee related to the provision of Health Home care management services or other services identified in the member’s plan of care.

Procedures:

I. Member Education Requirements:
1. During outreach and engagement, potential Health Home members will be provided with an Informational brochure that includes contact information for HHUNY and Medicaid Help Line should the potential member have any concerns related to this process.

2. HHUNY will provide enrolled members with a Member Information Sheet providing contact information for HHUNY and who to contact regarding filing a complaint, reporting an incident; or how to request a State fair hearing. Information will be provided about free language assistance services if needed. A list of all of the contracted Managed Care Plans, Member Service Numbers will also be provided so that members may contact their MCO Plan regarding any questions or concerns. (Attachment 1)

3. If a member contacts HHUNY or care management agency, assistance and support to file a complaint, report an incident and/or a state fair hearing will be provided by either the care manager or HHUNY Complaint reviewer.

II. Complaints

A. Reporting Requirements

1. When a complaint is received by either HHUNY or a Care Management Agency within the HHUNY Network, the program where the complaint is registered will notify the other and establish a plan for the investigation within three (3) days of receiving a complaint.
   a. The HHUNY Complaint Reviewer will log the receipt of the complaint in the “HHUNY and Care Management Agency Complaint and Incident Tracking Record” (Attachment 1)
   b. The HHUNY Complaint Reviewer will inform the Care Management agency supervisor of the complaint.
   c. If the client is a member of a Managed Care Organization (MCO), the HHUNY Complaint Reviewer will also inform the MCO of the complaint associated with their member.

2. The care manager should work with the member to resolve these complaints and assist the member by advocating on their behalf.

3. The HHUNY Complaint Reviewer will inform the Clinical Director of identified complaints and the Clinical Director or designee will notify regulatory and oversight agencies, as appropriate.

4. HHUNY is required to work with DOH, OMH, OASAS, and AI and must comply with requests from these state agencies to provide documentation during complaint investigations; including but not limited to case records of the Health Home member.

B. Timeframes for Resolution of a Complaint by HHUNY

1. If the HHUNY is able to immediately resolve an oral complaint to the member’s satisfaction, that complaint may be considered resolved without any written notification to the member.

2. Whenever a delay would significantly increase the risk to a member’s health, complaints must be resolved within forty-eight (48) hours after receipt of all necessary information and no more than seven (7) days from the receipt of the complaint.
3. All other complaints shall be resolved within forty-five (45) days after receipt of all necessary information and no more than sixty (60) days from receipt of the complaint.

4. If the parties cannot reach a satisfactory conclusion, the member may choose to file a formal complaint with Department of Health. (DOH will notify all parties if it appears that a satisfactory conclusion is not likely.)


C. Notification Requirements

1. Within seven (7) days of a complaint resolution, the HHUNY will assure the member is notified of the outcome.

2. Written notification of the outcome must be provided to the member including the member’s rights should the outcome not meet the member’s satisfaction.

D. Quality Assurance Process:

1. Health Homes must assure care management agencies have policies and procedures in place to manage complaints and incidents, and maintain supporting documentation (e.g., steps taken toward resolution, member satisfaction, etc.).

2. Complaint Documentation Requirements
   a. HHUNY must assure that care management agencies maintain a record for all member complaints including outcomes, and member dissatisfaction.
   b. HHUNY must obtain and maintain a copy of all member complaint records from the care management agency.
   c. HHUNY must analyze complaints for trends and take corrective action as needed.
   d. HHUNY will provide reports to NYS DOH Health Home staff on a quarterly basis regarding complaints via the Health Commerce System (HCS).

Policy Review:

This policy and its procedures will be reviewed yearly and updated as necessary to ensure that its general purposes are being effectively met.
Member Information Sheet

Health Homes of Upstate New York Contact Information

Main Line 1-585-613-7659
Toll Free Line 1-855-613-7659
Care Management Agency x-xxx-xxx-xxxx

Medicaid Helpline (toll free) 1-800-541-8831

Complaint Resolution Alternatives:

- (Care Management Agency Complaint Line) x-xxx-xxx-xxxx
- HHUNY Complaint Line 1-855-209-1142
- Department of Health, Health Home Provider Line 1-518-473-5569
  (To address general complaints regarding any Health Home)
- The Bureau of Consumer Affairs 1-800-206-8125
  (To address complaints regarding Managed Care Plans) managedcarecomplaint@health.ny.gov
- Office of Temporary and Disability Assistance (OTDA) 1-518-402-3096
  (New York State’s policy is to take reasonable steps to overcome language barriers to public
  services and programs. To do this, OTDA goal is to: 1) Talk to you in your language and 2) Provide
  vital forms and documents in the most frequently used languages: English, Arabic, Chinese,
  Haitian-Creole, Italian, Korean, Russian and Spanish.)

Office of Temporary and Disability Assistance:
- Language Access - Call (518) 402-3096 for free language assistance services.

How do I request a State Fair Hearing? A Fair Hearing is a chance for you to tell an Administrative Law Judge
(from the NY State Office of Temporary and Disability Assistance, Office of Administrative Hearings) why you
think a decision about your case made by a local social services agency is wrong.
You can ask for a fair hearing by:
1) Telephone: You may call the state wide toll free number: 800-342-3334
2) Fax Number: (518) 473-6735
3) On-Line: Complete and send the online request form at: http://otda.ny.gov/programs/applications/
4) Write: to the Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box
   1930, Albany, New York 12201

Managed Care Plans Member Service Numbers

Excellus BlueCross BlueShield 1-800-650-4359
Fidelis Care 1-888-FIDELIS/1-888-343-3547
Health Now Central New York West 1-866-638-9011
    Central New York East 1-800-856-0480
Independent Health Association 1-800-501-3439
MVP Health Plan 1-800-852-7826
Total Care, Today’s Options of New York 1-800-223-7242
United Healthcare Community Plan 1-800-493-4647
Univera Community Health 1-800-683-3781